

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018022

FILED
Apr 23, 2008
Secretary of State

Entity Name: SARRK HCX OF TAMPA BAY L.L.C.

Current Principal Place of Business:

19046 BRUCE BROWNS BLVD
SUITE 301
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

19046 BRUCE BROWNS BLVD
SUITE 301
TAMPA, FL 33647

New Mailing Address:

FEI Number: 02-0633190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, NILESH M
117 SOUTH WILLOW AVE, SUITE 200
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SARRK MANAGEMENT, LL, C
Address: 19046 BRUCE B. DOWNS BLVD, SUITE 301
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: PATEL, NILESH M
Address: 319 BRENTWOOD DRIVE
City-St-Zip: TAMPA, FL 33617

Title: MGRM () Delete
Name: PATEL, SARJU R
Address: 19046 BRUCE B DOWNS BLVD SUITE 301
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PATEL, SARJU R
Address: 19046 BRUCE B DOWNS BLVD SUITE 301
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SARJU R PATEL

MGR

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date